



## From the front lines: Treating the Wounded

NH Air Guard medical team reports from Iraq

***Editor's note:*** The following dispatches were emailed from four members of the NH Air National Guard's 157<sup>th</sup> Air Refueling Wing's Medical Group who are deployed to the 332<sup>nd</sup> Expeditionary Medical Group, Balad Airfield, Iraq. Capt. Alyn Theriault, nurse; Master Sgt. Jason Messenger, medical technician; Master Sgt. James Leavitt, medical administration; and Technical Sgt. Scott Ellis, medical technician, deployed to Iraq on July 9 and are scheduled to return in mid September.

**Capt. Alyn Theriault of Milford:**

The dust never seems to settle here. I am not sure if I will ever get the dust out of my ears, and even if I were able, I do not think my hearing would improve much at all. The constant flow of helicopters, day or night, with blades beating the hot air into submission gives you a feeling inside that comes from the middle of your chest, grabs you in the throat, and shoots out your arms like electric shock. When we first got here everyone said, "You'll get used to that." I cannot say that I have.

The landing zone is right out the back door of the hospital's wards and intensive care units. I am assigned to the wards as a clinical nurse. I work with a medical technician managing the care of injured Americans, contractors, Iraqi Army, police, Iraqi civilians, as well as, other Coalition Forces and their detainees. There are approximately 30 personnel assigned to the three Wards to cover the day and night shifts. With a 97.7percent chance of survival when you arrive alive, you don't stay in the emergency department very long; especially because more will come shortly behind you.

Patients in the wards come from the emergency or operating rooms or are transfers from the intensive care units. Very rarely are patients here long even when they require multiple surgeries. American troops are stabilized and whisked off to Germany for additional medical treatment as needed. Iraqi patients fill the ward and are either being admitted or discharged making for busy days.

These patients are often maimed by improvised explosive devices (IED) or multiple gun shot wounds. They have lost parts of their bodies, their hearing, and often times one or both their eyes. They arrive on my wards with chest tubes, urinary catheters, wound vacs (drains), multiple intravenous fluids, and large metal pins sticking out of their extremities holding bones in place until they return to the operating room. Many have head injuries and have an operation call a craniotomy where the neurosurgeon removes the blast particles and damaged brain tissue, often resulting in loss of brain capacity and the ability to perform basic activities of daily living.

The hard part...war is not discriminative to age or gender. The first week I worked on Ward 2 with two women, a grandmother, and three children injured from a significant blast in their home. A fourth child on the ward had lost her right arm above the elbow and had undergone three surgeries to close her wounds. All the while her mother lies in the ICU with injuries that she would ultimately not survive. Opposite their beds were three Iraqi prisoners with guards. The range of emotion is difficult to experience - compassion for the injured innocent to rage for one of your detained patients who chants something under his breath about harm to Americans.

It is an honor to say that I have been a part of an incredible team of medical personnel and a never tiring administrative and support staff. There is no training that can prepare you the experience you face and the destruction of humanity that war creates. I have come here and given my best with a team that

is proven by not only numbers, but by reputation. I will come home a better mother, friend, airman, and a better teacher to those who follow.

### **Master Sgt. Jason Messenger of North Brookfield, MA:**

As I sit here and think of all the things I have seen up to this date which is our half way point, I say to myself, "WOW, is anyone going to believe me?"

I came here as a person who has deployed many times with the Medical Group, Operations Group, and the Security Police, but nothing could have prepared me for what I am seeing now. I am seeing what war creates, the traumatic amputations, horrific wounds and injuries, and, last but not least, all the deaths. They range from infants to the elderly, they are US soldiers, Coalition Forces, Iraqi Police, Army and civilians - there is no age discrimination here. Everyone is a target.

To put into words what I have seen in the month I have been here in the busiest emergency room in the area of responsibility (AOR) is very difficult, but I'll try to put it in perspective with some numbers and facts. We see ONLY emergencies to do with saving life, limb or eye sight, and, on occasion, things that are forwarded from the other two clinics on base. We see on average 700 patients a month, which breaks down to just over 20 or so a day. Most of these are results of IED blasts. If there is one good thing about patients coming here is that if they get to us alive, there is a 97.7 percent chance they will leave here alive.

If I have to pick out one thing that truly sticks out in my mind, it was when a 4-year-old girl was brought in by an air crew with no vitals signs. The crew said she was hit by a train but the only visible injury was a little blood on her head. Her father watched as they wheeled her to my trauma station and we prepared to do what we have tried to do so many times before - work our "magic." Her eyes were wide open and she was still in her nice little dress probably because she was just outside playing like all kids do without a care in the world, and then her life was over.

So after we cleaned her up and placed her in a body bag, I watched as her father carried her out to an awaiting car. I couldn't even imagine what was going through his mind, as my own daughter is about her age. I wanted to say something but it was hard with the language barrier, and I truly think our faces said it all to him.

This is truly an experience I will never forget, to have actually been part of saving life after life and knowing I was here and making a difference, not as an individual, but as a member of a team of individuals who are doing their best to help out in these difficult and often trying times.

I strongly suggest anyone who wants to should come over here and see what we have been training for all these years. We might think it is meaningless didactic and death by PowerPoint at the time, but I will tell you from experience that when a mortar goes off close enough that it shakes your work area or your little 10-by-10 trailer it all gets put into perspective pretty damn quick.

I have enjoyed this trip a lot and it has afforded us an opportunity to work side by side with our sister services. We have been learning a lot from each other and learning about each others branch of service.

I too have to piggy back to what Capt. Theriault has said. There is no training that can prepare you the experience you face in the destruction of humanity that war creates. I have come here and given my best with a team that is proven by not only numbers, but by reputation. I will come home a better father, friend, airman, and a better teacher to those who follow."

My only wish is that I have made a difference here, because I know it has made a difference in me.

### **Master Sgt. James Leavitt of Salisbury, MA:**

Well, this is my first deployment, and what a way for me to get my feet wet. This is the busiest facility in the AOR. I know that not by rumor or by being cocky, I know that by speaking with nurses and physicians that have worked at other facilities in the AOR and they tell me that this is by far the busiest. Plus, I have seen it first hand. I have been through all of the training and I have prepared for this moment for nearly 17 years. All the training we do prepares us for what to do in a wartime setting. I even watched the "Frontline ER" program to get a taste of what I could possibly see when I got here. As a medical administrator, I have seen everything that I could see, right? Wrong.

When we finally arrived at the Air Force Theater Hospital (AFTH) at Balad, I could not believe the size of the facility. It was a city made up of tents that just seemed to go on forever. Still not knowing where I would be working, the group of us met for a welcome meeting on the first night we arrived. During this meeting, I was met by two majors that introduced themselves and welcomed me. After the meeting, I met with my officer-in-charge, a major who is active duty medical service corps officer. She informed me that I would be working the night shift from 6:30 p.m. to 6:30 a.m., with a four days on and one day off rotation. I started the next day.

My first day on the job we received 22 casualties from 17 medical helicopters. We had two deaths on my first night, and it was my job to "process" the death packages. Nothing I had ever learned or trained for as a medial administrator was like this. My staff and team are the ones that take the patients off of the chopper and get them to the emergency room for treatment. As I wheeled my first patients into the ER, I was received by an outstanding team of medical technicians, nurses, and doctors who tell me which station to deliver the patient to. Once I release the patient, the medical team takes over. I stand back out of the way and observe. It is simply amazing what this team does. I am told that the survival rate if a patient makes it here alive is 97.7 percent. I now see why. I am proud to be a member of such a great team. I truly feel like we are making a difference.

This is my first experiences with anything of an inpatient capacity. Everything in my career so far has been with outpatient services. My team is the one that not only gets the patients to the ER, but we also track them from when

they arrive to when they leave the facility. They may be returned to duty, they may be medivaced (transport by air) to Germany, they may be transferred to another facility, or they may not make it at all. I have seen several of our brothers in arms not make it and die. I have seen infants and children die. I guess it never gets easier, but I feel like I have built up some type of tolerance to it.

I feel my experiences here will allow me to better prepare our medics for future deployments to this location. I wanted this experience. At this point in my career, I should be able to guide the younger troops and be able to speak from experience. Now I can.

To pick out one thing that sticks out in my mind is tough because there have been so many. I will limit it to two. The first is we received notification that a chopper was inbound with three “angels” on board. I had never heard that term before. Usually we want to know how many litters or how many ambulatory patients are coming in. I was told that an angel is a deceased soldier. My team was ready at the helipad as the CH-46 (helicopter) landed. As the back ramp opened up, the green interior lights allowed me to see three metal, flag draped coffins. These coffins are unloaded the same way as wounded patients, but they are not put onto the wheeled gurneys. They are carried by my team all the way to the ER and the morgue. As we come off the helipad, there are liaison officers from the Army and Marine Corps that work in my office, and also ambulatory military patients waiting to get on the chopper. As we pass by, all military members come to attention. As we come into the ER, the entire medical staff comes to attention. This happens for each coffin - nobody speaks, everyone is silent. That was truly a chilling experience.

The other moment that sticks out to me is a 10-year-old boy that had a gunshot wound to the abdomen. As we unloaded him off the chopper, an Army medic was doing chest compressions all the way to the ER. The medical team took over as usual and began to work their magic. I stood by watching the boys head as they worked on him. He didn’t appear to be with it, but his eyes were open. The tough part for me is I have a 10-year-old daughter, I just kept imagining her on that table and how I would feel. I’m not a religious person, but I said a prayer that night as I held the hand of the Chaplain. They did everything they could, it didn’t work, the magic was not enough, the prayer was not enough. As they announced his time of death, I noticed doctors, nurses, and even the chaplain wiping tears from their eyes. I guess that is just another day in the war zone.

So, for me, this experience has been worth every minute. Would I come here again? Absolutely! We are working with an amazing team of medics, we get to work alongside the Marines and the Army and it is truly a “team” effort. People back home would be so proud of their military if they could see what we do. I will never forget this. It truly makes me proud to wear this uniform.

**Technical Sgt. Scott Ellis of Townsend, MA:**

As I sit here to compose this letter it's hard to believe that I have been here for over a month. But, according to the calendar thirty days have passed and thirty one remain. I have spent my time here in Balad working in the wards. I haven't seen much trauma as my time in the emergency department has been limited but what I have seen has been a real eye opener. Most of the patients assigned to my wards are Iraqi military, police or Iraqi civilians. By the time they come into my care they are already somewhat patched up. It's my job to help them cope with the limitations of there injuries. Things that you and I take for granted such as using a toilet can be incredibly difficult for someone whose legs were broken in an IED blast. I have had to help several amputees learn how to walk with crutches. This kind of disability can be limiting in the States, but I can't help but wonder what kind of life they will have in an environment like this.

There have been patients I have liked and ones I haven't just like in any hospital. There was one Iraqi civilian I worked with on my first day here that arrived the day before I did. He had a serious abdominal injury and could barely move as a result. He left here the other day walking out of the hospital on his own; I even detected a slight bounce in his step. There are difficulties treating Iraqis because of the language barrier and it is difficult to understand what the patient needs when you have to page an interpreter or use abbreviated hand signals to communicate. But somehow we manage.

The hardest thing by far I have had to deal with is the children. When I saw a young girl with an amputated arm drawing in a coloring book and playing with a doll given to her by one of the nurses, I can't help but think of my own son and daughter and thank God that they are healthy and safe back in Massachusetts.

The people I work with I can only describe as top notch. Some of the techs here are new to medical field like me and others are old hands. Everyone has something different to bring to the table and I have learned a lot in the short time I have been here and I hope I can leave my mark as well. The nurses are a mix of junior and senior officers both Army and Air Force. The nurse I'm teamed up with is a Lieutenant Colonel from an army unit in Washington State. I have been able to work with Captain Theriault on occasion, but Master Sgt. Messenger works in the emergency department and Master Sgt. Leavitt works nights so I have not worked with them much. There are usually two nurses and two techs assigned to each ward and it changes every day. I have worked with people from as close as Rhode Island and as far away as Wyoming.

The living conditions here at Camp Anaconda are not really hard but interesting. I live in a ten by ten foot room that has two beds, two wall lockers and two nightstands. I currently don't have a roommate so privacy isn't an issue. There are port-o-potties scattered throughout the housing area and the nearest flush toilet is about 150 yards away with the showers so you have to plan when you go to the bathroom. The base has a pretty elaborate bus system. I don't use it that much as my room is located within walking distance of the chow hall, the Base Exchange, the gym and the hospital, but when you are out in the midday sun getting in an air conditioned bus is a big relief. The mornings here are the best time of day. The temperature before the sun comes up is actually

pleasant. The afternoons are the worst. The sun is so blisteringly hot it heats the concrete and you can actually feel your feet getting hot from the bottoms up. Walking in the midday sun feels like you are walking with a hair dryer pointed at your face. There are people in Iraq living in worse conditions than I am. I worked in an air conditioned building and I sleep in an air conditioned room. I have access to a gym and a movie theatre. They even serve Ice cream at the chow hall. By comparison the conditions when I deployed to Mississippi for Katrina were much worse so I really have nothing to complain about except the god-awful heat!!!

I have been in the military for 18 years and this is my first overseas deployment. Sometimes it's tough, the hours are long and the days blend into each other. I have to check my watch just to see what day of the week it is. I'm glad I volunteered, I would do so again if needed and I wouldn't trade the experience I'm getting here for anything!